

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY**

REGISTRATION AS A TRANSPORTER OF REGULATED MEDICAL WASTE

1. NAME OF THE PERSON OR FIRM: _____

2. BUSINESS ADDRESS OF PERSON OR FIRM: _____

_____ **TELEPHONE NUMBER:** _____

3. MAKE, MODEL, AND LICENSE NUMBER OF EACH VEHICLE TO BE USED TO TRANSPORT MEDICAL WASTE WITHIN THE COMMONWEALTH:

4. MAKE	MODEL	LICENSE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. NAME, AND BUSINESS ADDRESS OF EACH DRIVER WHO WILL OPERATE IN THE COMMONWEALTH:

NAME:	ADDRESS:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. AREAS (COUNTIES AND CITIES) OF THE COMMONWEALTH IN WHICH THE TRANSPORTER WILL OPERATE:

_____	_____	_____
_____	_____	_____
_____	_____	_____

6. a. ANY PERSON OR FIRM OTHER THAN REPORTED IN SUBDIVISION 1 OF THIS SUBSECTION THT IS ASSOCIATED WITH THE REGISTERING FIRM OR ANY OTHER NAME UNDER WHICH THAT PERSON OR FIRM DOES BUSINESS:

6.b. ANY PERSON OR FIRM USING ANY OF THE SAME VEHICLES AND OPERATORS:

CONTINUED

7. THE NAME AND PHONE NUMBER OF A PERSON WHO MAY BE CONTACTED IN THE EVENT OF AN ACCIDENT OR RELEASE

NAME:

PHONE:

8. A COPY OF THE SIGNED CERTIFICATION STATEMENT AS FOLLOWS:

I, (_____), am chief executive office or
(_____) and do hereby affirm that all the
information provided in this application is correct to the best of my knowledge; and I
further affirm that neither this firm, any antecedent firm to this firm, or any of the officers
of this or antecedent firms has been convicted of a felony in any state.

TYPE OF WASTE EXPECTED (Check all those for which certification is sought)

Pathological

☐

Hospital

☐

Non-hospital Medical Care

☐

Mortuary

☐

Laboratory

☐

Etiological Agents

☐

Industrial Biological

☐

Infected Animal Maintenance

☐

Quarantine Outside Hospital

☐

Dialysis Unit

☐

Other _____

☐

Name

Title

Date

